

Memorandum

Date: March 2, 2010

To: GOLDEN GATE DIVISION

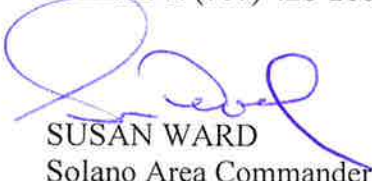
From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Solano Area

File No.: 365.11759.11759

Subject: 2010 COMMAND INSPECTION - FIRST QUARTER HPM 22.1, CHAPTER 7,
COMMAND INJURY AND ILLNESS CASE MANAGEMENT.

Pursuant to the 2010-2012 California Highway Patrol audit plan the Solano Area has completed the first quarter inspection of the command injury and illness case management. The Solano Area was found to be in compliance in all facets of the inspection. Attached for your review are the CHP 680A and 680T.

If you have any questions regarding the audit please contact myself or Lieutenant Zachary Johnson at (707) 428-2100.



SUSAN WARD
Solano Area Commander

Attachments

Safety, Service, and Security

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 3

Command: Solano Area	Division: Golden Gate	Chapter: 7
Inspected by: Sgt. Melissa Hoy-Tatum		Date: 02/12/10

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection: 2	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
--	---	---

Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:	
--	------------------------------	--

Chapter Inspection:

Inspector's Comments Regarding Innovative Practices:

Briefing items are used to ensure employees area aware of the location and content of the Injury Illness Prevention Program binders.

Command Suggestions for Statewide Improvement:

Inspector's Findings:

The Solano Area was found to be in compliance in all facets of the inspection.

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged,)

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 3

Command: Solano Area	Division: Golden Gate	Chapter: 7
Inspected by: Sgt. Melissa Hoy-Tatum		Date: 02/12/10

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 3 of 3

Command: Solano Area	Division: Golden Gate	Chapter: 7
Inspected by: Sgt. Melissa Hoy-Tatum		Date: 02/12/10

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 3/2/10
	INSPECTOR'S SIGNATURE 	DATE 03/02/2010
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 4-13-2010

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command: Solano Area	Division: Golden Gate	Number: 365
Evaluated by: Sgt. M. H. Tatum		Date: 02/12/2010
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature: 	Date: 3/2/10
<input type="checkbox"/> Follow-up Inspection			
For applicable policy, refer to: HPM 10.7			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Does the command maintain a current OSHA 300?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	X Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Solano Area employee participated in 2009
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Did not apply to Solano Area in 2009
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No serious injury or death to employee in 2009
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No serious injury or death to employee in 2009